# System Priority: Coordination of State and Local Public Health System Partnerships Objective 2: Establishing Collaborative Leadership and Educational Processes

**Long-term (2010) Subcommittee Outcome Objective**: By December 31, 2010, members of 100% of defined local, regional and state partnerships will evaluate that the partnership has effectively met strategic goals that support *Healthiest Wisconsin 2010*.

*Concept*: Establish collaborative leadership and educational processes to develop, improve, and sustain public/private partnerships.

Key considerations for the objectives: Best practices for partnerships, skills development for public health system leaders.

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Department of	The Taskforce on Partnerships will develop	Existing public/	By December 31, 2004,	By December 31, 2005, 50%	By December 31, 2008,
Health and Family	and pilot a partnership survey to assess the	private health	at least ten public/	of health professional basic	100% of local health
Services support	components of a successful partnership.	partnerships.	private health partner-	degree programs offered	departments will be in
			ships will be recognized	through the institutions of	partnerships that have
Start-up funds	The Taskforce on Partnerships will develop	UW-Extension.	for successes.	higher learning (e.g., UW	successfully
	and publish a document outlining best			Systems, Technical College	implemented evidence-
	practices for developing, improving and	Tribes.		system, Medical College of	based strategies to
Turning Point	sustaining private/public partnerships.			Wisconsin, Marquette	accomplish the priorities
policy process		Governmental,		University, and private	identified in <i>Healthiest</i>
	The Taskforce on Partnerships will develop a	public, private,		universities) will include, for	Wisconsin 2010.
	technical assistance team(s), comprised of	nonprofit, and		all students, curriculum	Dry Dagambar 21, 2010
	private, voluntary and public sector leaders	voluntary sector		related to partnership skills	By December 31, 2010, members of 100% of
Training funds	to provide on site assistance to state, regional and local partnerships upon request.	partnerships.		and the new public health paradigm.	defined local, regional
Training runds	and local partnerships upon request.			paradigiii.	and state partnerships
Support from host	The Taskforce on partnerships will develop a			By December 31, 2007, at	will evaluate that the
agency for staff	document focused on institutions of higher			least 25 public/private health	partnership have
agency for staff	learning outlining learning objectives for			partnerships will be	effectively met strategic
Resources for	health professionals related to partnership			recognized for successes.	goals that support
recognition	skills development and the new public health				Healthiest Wisconsin
	system				2010.
	The Taskforce on Partnerships will develop a				
	recognition and reward system for successful				
	public/private health partnerships.				
	The Taskforce on Partnerships will develop				
	strategies for marketing the value of				

# System Priority: Coordination of State and Local Public Health System Partnerships Objective 2: Establishing Collaborative Leadership and Educational Processes

Inputs	Outputs			Outcomes	
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
	partnerships in utilizing tax and other funds in more effective and efficient ways.  The Taskforce on Partnerships will develop and implement a survey to establish the number of health professional basic degree programs and the percent that includes, for all students, curriculum related to partnership skills and the new public health paradigm.  The Department of Health and Family Services, in coordination with the Taskforce on Partnerships, will provide a minimum of two training sessions per year on building and sustaining effective partnerships based on the best practices document.  The Taskforce on Partnerships will develop a long-term evaluation process for the partnership training.  The Department of Health and Family Services, in coordination with the Partnership Taskforce, will have a Partnership WEB Site to provide resources for partnership training and a communication link.	UW-Extension  Technical Colleges  Public health system leaders (i.e., leaders from government, the public, private, nonprofit, and voluntary organizations that work to improve the health of the public)  Partnerships	2002-2004	2003-2007	2008-2010

# System Priority: Coordination of State and Local Public Health System Partnerships Objective 2: Establishing Collaborative Leadership and Educational Processes

# **Long-term (2010) Subcommittee Outcome Objective:**

By December 31, 2010, members of 100% of defined local, regional and state partnerships will evaluate that the partnership has effectively met locally defined strategic goals that support *Healthiest Wisconsin 2010*.

Wisconsin Baseline	Wisconsin Sources and Year
None, this is a developmental objective only.	

Federal/National Baseline	Federal/National Sources and Year
None, this is a developmental objective only.	

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	<b>Objective Number</b>	<b>Objective Statement</b>
None identified			

<b>Definitions</b>			
Term	Definition		
Public health system	In Wisconsin, partnerships are defined as collaborative, synergistic alliances of		
partners	diverse public health partners working towards community and population		
	health improvement in areas too complex for one entity to accomplish. Public		
	health system partnerships vary in their organizational structure, developmental		
	stage, geographic focus, resource availability and purpose. Operationally,		
	these partnerships may share information, coordinate health related services,		
	identify health issues, set goals for action, plan and implement strategies and		
	activities, and evaluate outcomes. Public health system partners include		
	individual residents and diverse governmental, public, private, nonprofit, and		
	voluntary organizations, agencies, and groups.		

#### Rationale:

Effective partnerships are key to achieving the priority objectives in Healthiest Wisconsin 2010. A variety of public/private health partners and community members are needed who are educated to work in effective partnerships to achieve the priority objectives in *Healthiest Wisconsin 2010*. Ongoing and evolving training is needed to develop and sustain effective partnerships. Interdisciplinary partnership training is essential for health professionals and community partners, which will result in successful partnerships.

Partnerships can be the tool to provide long-term solutions to some of the most complex health issues. Through sharing of talent and material resources, partnerships are often the most cost-effective means to speak to the ever-decreasing health resources. Through engaging and sustaining multi-system collaborative partnerships, systems are strengthened and built to address the reduction of health risk behaviors in Wisconsin.

1

Partnerships, through coordination and sharing of resources, provide benefits and incentives for all participants and the community. By sharing responsibility for obtaining and evaluating results, partnerships provide ownership to health issues and opportunities to increase the quality of life for all residents of Wisconsin.

#### **Outcomes:**

## **Short-term Outcome Objectives (2002-2004)**

By December 31, 2004, at least 10 public/private health partnerships will be recognized for successes.

**Inputs:** (What we invest – staff, volunteers, time, money, technology, equipment, etc.)

- The Department of Health and Family Services will provide support for the development of partnership training.
- The Department of Health and Family Services will provide staff or funds to contract with a trainer
- Funds and staff to establish and support a WEB site.
- Funds to publish and distribute documents.

**Outputs:** (What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)

- The Taskforce on Partnerships will develop and pilot a partnership survey to assess the components of a successful public/private health partnership.
- The Taskforce on Partnerships will develop and publish a document outlining best practices for developing, improving and sustaining private/public health partnerships.
- The Department of Health and Family Services, in coordination with the Taskforce on Partnerships, will provide a minimum of two training sessions per year on building and sustaining effective partnerships based on the best practices document.

By December 31, 2004, 50% of health professional basic degree programs offered through the institutions of higher learning (e.g., UW Systems, Technical College system, Medical College of Wisconsin, Marquette University, and private universities) will include, for all students, curriculum related to partnership skills and the new public health paradigm.

**Inputs** (What we invest – staff, volunteers, time, money, technology, equipment, etc.)

• Institutions of higher learning will modify their curriculum

**Outputs:** (What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)

- The Taskforce on Partnerships will develop a document focused on institutions of higher learning outlining learning objectives for health professionals related to partnership skills development and the new public health system.
- The Taskforce on Partnerships will develop and implement a survey to establish the number of health professional basic degree programs and the percent that includes, for all students, curriculum related to partnership skills and the new public health paradigm.

### **Medium-term Outcome Objective (2005-2007)**

By December 31, 2007, at least 25 public/private health partnerships will be recognized for successes through a formal system of evaluation and recognition.

**Inputs** (What we invest – staff, volunteers, time, money, technology, equipment, etc.)

• Resources for recognition

**Outputs:** (What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)

- The Taskforce on Partnerships will develop and implement a recognition and reward system for successful public/private health partnerships.
- The Taskforce on Partnerships will develop a technical assistance team(s), comprised of private, voluntary and public sector leaders, to provide on site assistance to state, regional, and local partnerships upon request.
- The Department of Health and Family Services, in coordination with the Partnership Taskforce, will have a Partnership WEB site to provide resources for partnership, training, and a communication link.

# **Long-term Outcome Objective (2008-2010)**

By December 31, 2008, 100% of local health departments will be in partnerships that have successfully implemented evidence-based strategies to accomplish the priorities identified in *Healthiest Wisconsin 2010*.

**Inputs** (What we invest – staff, volunteers, time, money, technology, equipment, etc.)

• Local Health Department investment in partnerships.

**Outputs:** (What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)

- The Taskforce on Partnerships will develop strategies for marketing the value of partnerships in utilizing tax and other funds in more effective and efficient ways.
- The Taskforce on Partnerships will develop a long-term evaluation process for the partnership training.

#### **Evaluation and Measurement:**

Effectiveness will be demonstrated through data collected reflecting the number of health departments in Wisconsin, the number who have identifiable partnerships and the number who report having implemented on evidence-based health improvement strategy.

### Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

*Integrated Electronic Data and Information Systems:* A data system with the capacity to collect and analyze information related to partnerships and their success is essential to demonstrate success.

Sufficient, Competent Workforce: Inclusion of education related to developing and sustaining partnerships is needed for partnerships to flourish in Wisconsin.

*Equitable, Adequate and Stable Financing:* Although one of the benefits of partnerships is the opportunity to bring additional resources to bear on health problems, adequate basic funding is necessary for the initiation and maintenance of partnerships.

# Significant Linkages to Wisconsin's 12 Essential Public Health Services

Monitor health status to identify community health problems: Partnerships are key to monitoring health status and identifying emerging health problems. A wealth of data is available through local

clinics, schools, emergency rooms, emergency medical services, dentists, mental health providers, zoning departments, parks and recreation departments and others that provide information about the health of the community that is not available through statewide data sources.

Identify, investigate, control, and prevent health problems and environmental health hazards in the community: Community partners are essential in all aspects of identification and control of health problems. Health care providers are part of the system of surveillance; health professionals, law enforcement, and employers may be involved in investigations; and, the entire community is involved in disease prevention and control.

Educate the public about current and emerging health issues: Media, health care providers, and local businesses are all examples of partners who participate in providing current health information.

Promote community partnerships to identify and solve health problems: Community partnerships improve integrated delivery of health care and prevention services. Partnerships prevent unnecessary duplication of services and gaps in service.

Create policies and plans that support individual and community health efforts: Community partnerships are effective in changing the health culture in a community.

Enforce laws and regulations that protect health and insure safety: Promotion of partnerships to include traditional and non-traditional partners will raise the awareness of laws and regulations that protect the health and insure the safety of every community. With committed partnerships, enforcement will be strengthened and promoted through the planning and implementation of enforcement strategies.

*Link people to needed health services:* Partnerships which reflect the diversity of Wisconsin including populations with disparate health conditions will strengthen existing systems and provide opportunities to link people to needed health services.

Assure a diverse, adequate, and competent workforce to support the public health system: Partnerships can help develop and sustain needed educational and training opportunities. Partnerships, which reflect the diversity of Wisconsin including populations with disparate health conditions, will assure the opportunities to increase diversity within the public health workforce.

Evaluate effectiveness, accessibility, and quality of personal and population-based health services: State and local partnerships provide the opportunities for evaluation of current existing health services.

Conduct research to seek new insights and innovative solutions to health problems: Partnerships provide the infrastructure in which stakeholders influence the pursuit of new and innovative research opportunities.

Assure access to primary health care for all: Partnerships develop and sustain the infrastructure supporting a wide range of health services with the capacity to reach populations with special needs and unique circumstances. Partnerships can adapt to the specific access issues that differ in communities.

Foster the understanding and promotion of social and economic conditions that support good health: The involvement of stakeholders outside the health arena is essential in the development of an economic environment that can support preventive health and health promotion policies.

## **Connections to the Three Overarching Goals of Healthiest Wisconsin 2010**

*Protect and promote health for all:* The involvement of stakeholders outside the health arena is essential in the development of an economic environment that can support preventive health and health promotion policies. Partnerships strengthen and build the public health infrastructure, which assures the protection and promotes the health of the every community.

*Eliminate health disparities:* Development of partnerships to address health problems assures that affected groups are involved in developing strategies to impact on disparities.

*Transform Wisconsin's public health system:* A hallmark of the transformation of the public health system will be the establishment and maintenance of vibrant and successful partnerships that improve community health. The development and sustainability of viable public health partnerships is achieved through the collaborative leadership of state and local public health departments, which will provide an inclusive and responsive public health system.

## **Key Interventions and/or Strategies Planned:**

Marketing the value of partnerships and providing training and technical assistance to assure they are successful is essential for implementation of *Healthiest Wisconsin 2010*. Three priority areas were identified for training.

- The development of a WEB site for partnerships to exchange ideas and successes, to post best practice documents, to provide links to valuable sites, funding opportunity and other resources, provide interactive training and other services yet to be determined.
- Ongoing training sessions that are geographically accessible and that focus on skills building for partners that reflect the diversity of Wisconsin. The training would target both private and public partners. Trained individuals may become mentors or future trainers.
- Technical assistance teams comprised of public and private representatives that could provide on site technical assistance.
- Monitoring and evaluation to identify successful partnerships to mentor those that are struggling.

#### **References:**

Glover Blackwell, Angela and Colmenar, Raymond. Community-Building: From Local Wisdom to Public Policy. *Public Health Reports*. March/April & May/June 2000. Volume 115.

Himmelman, Arthur T. (1992). Communities Working Collaboratively For A Change. The Himmelman Consulting Group.

Kesler, John T. Healthy Communities and Civil Discourse: A Leadership Opportunity for Public Health Professionals. *Public Health Reports*. March/April & May/June 2000. Volume 115.

Stewart, J., Kassler, W., and McLeod, M. *Transformations in Public Health*. Volume 3/Issue 3. Winter 2002. A Publication of National Turning Point Program: Collaborating for a New Century in Public Health.

Lasker, Roz D., Weiss, Elisa S., and Miller, Rebecca. Partnership Synergy: A Practical Framework for Studying and Strengthening the Collaborative Advantage. *The Milbank Quarterly*. Vol. 79. No. 2. 2001.